

EVALUATION AND MANAGEMENT (E/M) SERVICES GROUND RULES

1. **CLASSIFICATION OF EVALUATION AND MANAGEMENT (E/M) SERVICES:** This section is divided into broad categories such as office visits, hospital visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient), and there are two subcategories of hospital visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes. This classification is important because the nature of physician work varies by type of service, place of service, and the patient's status.

The basic format of the levels of E/M services is the same for most categories. **First**, a unique code number is listed. **Second**, the place and/or type of service is specified (e.g., office consultation). **Third**, the content of the service is defined (e.g., comprehensive history and comprehensive examination). **Fourth**, the nature of the presenting problem(s) usually associated with a given level of service is described. **Fifth**, the time typically required to provide the service is specified.

2. **UNLISTED SERVICE:** An E/M service may be provided that is not listed in this section. When reporting such a service, the appropriate "Unlisted" code may be used to indicate the service, identifying it by "Special Report" as discussed in item 3. The "Unlisted Services" and accompanying codes for the E/M section are as follows:

99429 Unlisted preventive medicine service
99499 Unlisted evaluation and management service

3. **SPECIAL REPORT:** An unlisted service or one that is unusual, variable, or new may require a special report demonstrating the medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service. Additional items which may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.
4. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same day by separate entries. Use modifier -51 to reflect multiple procedures except for the Add-On Codes.
5. **ADD-ON CODES:** Certain codes, by the nature of their description and the Unit Values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
6. **MODIFIERS:** Listed services may be modified under certain circumstances. When applicable, the modifying circumstance against general guidelines should be identified by the addition of the appropriate modifier code by a two digit number placed after the usual procedure number from which it is separated by a hyphen. Refer to Appendix A- Modifiers for the modifiers that are available for E/M:
7. **INSTRUCTIONS FOR SELECTING A LEVEL OF E/M SERVICE:** Refer specifically to the Evaluation and Management (E/M) Services Guidelines of the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
8. **BILLS SUBMITTED BY NON-PHYSICIAN PROVIDERS:** Bills for E/M services provided by non-physicians such as physician assistants or advanced practice nurses must be submitted on the CMS 1500 form or an equivalent form containing the same information. Payment for these services will be limited to 85% of the maximum allowable fee associated with the *CPT* code submitted. This form must also clearly identify the responsible physician.

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9. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a "no show" appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.
10. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A 44-510i(e) for further clarification, if necessary.

CONVERSION FACTOR = \$46.33

EVALUATION AND MANAGEMENT

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CODE	UNIT VALUE	CODE	UNIT VALUE	CODE	UNIT VALUE
99201	0.97	99282	0.73	99360	2.55
99202	1.72	99283	1.64	99361	2.15
99203	2.56	99284	2.56	99362	3.75
99204	3.62	99285	4.01	99371	0.34
99205	4.58	99288	BR	99372	0.85
99211	0.57	99289	6.48	99373	1.71
99212	1.02	99290	3.33	99374	1.85
99213	1.39	99291	6.77	99375	3.35
99214	2.18	99292	3.00	99377	1.85
99215	3.17	99293	21.82	99378	3.74
99217	1.87	99294	10.84	99379	1.84
99218	1.78	99295	24.98	99380	2.78
99219	2.96	99296	10.85	99381	2.74
99220	4.16	99298	3.84	99382	2.95
99221	1.80	99299	3.52	99383	2.89
99222	2.98	99301	1.75	99384	3.14
99223	4.15	99302	2.32	99385	3.14
99231	0.90	99303	2.86	99386	3.69
99232	1.47	99311	0.90	99387	4.00
99233	2.09	99312	1.49	99391	2.08
99234	3.58	99313	2.10	99392	2.33
99235	4.72	99315	1.63	99393	2.30
99236	5.89	99316	2.16	99394	2.54
99238	1.87	99321	1.08	99395	2.57
99239	2.55	99322	1.52	99396	2.84
99241	1.33	99323	1.88	99397	3.13
99242	2.43	99331	0.95	99401	1.11
99243	3.24	99332	1.21	99402	1.87
99244	4.56	99333	1.50	99403	2.59
99245	5.90	99341	1.54	99404	3.32
99251	0.95	99342	2.27	99411	0.34
99252	1.91	99343	3.31	99412	0.51
99253	2.61	99344	4.34	99420	BR
99254	3.75	99345	5.37	99429	BR
99255	5.17	99347	1.20	99431	1.60
99261	0.59	99348	1.90	99432	2.26
99262	1.20	99349	2.94	99433	0.84
99263	1.78	99350	4.34	99435	2.15
99271	1.03	99354	2.62	99436	2.03
99272	1.73	99355	2.59	99440	3.98
99273	2.40	99356	2.40	99450	BR
99274	3.22	99357	2.42	99455	**
99275	4.10	99358	3.75	99456	**
99281	0.44	99359	1.88	99499	BR

** No maximum fee has been assigned. The maximum fee for these codes (99455 and 99456) is to be determined in the same manner as that which pertains to an IME and other Special Examinations and/or Reports. Refer to item 2 of the Depositions/Testimony & Reproduction of Medical Records Section of this fee schedule as it relates to an IME and other Special Examinations and/or Reports.